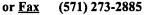
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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appropriate. All further con	respondence including the local below or directed otherwise	Patent, advance or	ders and notifica	tion of maintenance fees v	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep	correspondence address
75	E ADDRESS (Note: Use Block 1 for 990 08/08/2005	any change of address)	EIRO	Fee(s) Transmittal. The papers. Each addition	mailing can only be used fair certificate cannot be used all paper, such as an assignme of mailing or transmission.	for any other accompany ent or formal drawing, m
DON HALGREN 35 Central St. Manchester, MA 0	NOV 0 9 2005		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (571) 273-2885, on the date indicated below.			
11/09/2005 GWORDOF2 00	\$ TRADI	EMARIN	Don	Malgren	(Depositor's na (Signat	
01 FC:2501 02 FC:1504	700.00 OP 300.00 OP				7 Mov 200	D\$ (P
APPLICATION NO.	FILING DATE	FIRST NAMED INV		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,220	11/12/2003	Robert A.		betta	MARBLEHEAD-2	6321
TITLE OF INVENTION: TO						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional				\$300	\$1000	11/08/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
BASINGER, SHERMAN D		3617		114-361000		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified be 37 CFR 3.11. Completion of	clow, no assignee of this form is NOT	data will appear Γ a substitute for	on the patent. If an assign	nee is identified below, the o	document has been filed
4a. The following fee(s) are	enclosed: mall entity discount permitte	4b	A check in the Payment by o	(s): ne amount of the fee(s) is encredit card. Form PTO-203 r is hereby authorized by o		credit any overpayment
5. Change in Entity Status  a. Applicant claims St	(from status indicated above MALL ENTITY status. See		☐ b. Applicant	is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	ue Fee and Publicat vill not be accepted ent and Trademark	tion Fee (if any) of I from anyone oth Office.	or to re-apply any previous ner than the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other part
Authorized Signature	Inte pou	-		Date	Nov 2005	5
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